

PTO/SB/22 (11-07)
Approved for use through 11/30/2007. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37	Docket Number (Optional)							
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 20	26	611-0198P						
Application Number 10/692,686-Conf. #2								
For REMULTIPLEXING APPARATUS								
Art Unit 2616	Examiner	Examiner L. P. Nguyen						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.								
The requested extension and fee are as follows (check times)	e period desired a	and enter the appro	priate fee below):					
	<u>Fee</u>	Small Entity Fe						
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$					
Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$					
X Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 1,050.00					
Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$					
Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$					
Applicant claims small entity status. See 37 CF	R 1.27.							
A check in the amount of the fee is enclosed.								
Payment by credit card. Form PTO-2038 is atta	iched.							
X The Director has already been authorized to cha		application to a De	posit Account					
<del></del>								
The Director is hereby authorized to charge any Deposit Account Number 02-2448		be required, or cre osed a duplicate co						
WARNING: Information on this form may become public. Credit card information should not be included on this form.								
Provide credit card information and authorization on	F10-2036.							
	0 27.0	ED 2.74						
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
x attorney or agent of needed. Regis	29,680	····						
attorner or egept under 37 CFR 1.34.								
the gistration number if acting under								
	November 30, 2007							
Signature	Date							
Michael K. Mutter	(703) 205-8000 Telephone Number							
2000								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
Total of 1 forms are submitted	ted.							

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PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Comment of the

Effective	Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL		Application Number 10/692,686-			onf. #2067				
		Filing Date		October 27, 2003					
		First Named In	ventor	Yoshiaki KATO					
For FY 2008			Examiner Name		L. P. Nguyen				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2616						
TOTAL AMOUNT OF PAYMEN	IT	(\$) 1,050.00	Attorney Docket No. 2611-0198P						
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of gee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILIN		ARCH FEES	EXAM	INATION FEES				
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity ) Fee (\$)	Fees I	Paid (\$)		
Utility	310	155 510	_	210	105	•			
Design	210	105 100	50	130	65				
Plant	210	105 310	155	160	80				
Reissue	310	155 510		620	310				
Provisional	210	105 0	0	0	0	-			
	210	105 0	U	U	Ū		Small Entity		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$)									
Each claim over 20 (includi	ng Reissues	s)				50	25		
Each independent claim over 3 (including Reissues)					210	105			
Multiple dependent claims						370	185		
Total Claims Extra C	Claims	Fee (\$) Fee	Paid (\$)	!	Multiple Depende	lent Claims			
·=	× _	=		<u> </u>	ee (\$)	Fee Paid (S	9)		
HP = highest number of total claim			D-14 (A)				_		
Indep. Claims Extra C	ziaims x	Fee (\$) Fee	Paid (\$)						
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S)  Non-English Specification, \$139 (c) (no-speall entity discount)									
Other (e.g., late filing surpharge) 1253 Extension for response within third month 1,050.00									
SUBMITTED BY									
Signature			Registration No. (Attorney/Agent)	29,680	) Telephone	(703) 20	5-8000		
Name (Print/Type) Michael K	77671					30, 2007			
7	- <u>·</u>		<del></del>						